1/1/00 DELAWARE

## **OPTIONAL STATE SUPPLEMENTATION**

STATUTORY BASIS FOR PAYMENT Title 31, Section 505, Delaware Code.

**EFFECTIVE DATE** 

January 1, 1974.

**ADMINISTRATION** 1

Social Security Administration and State Department of Health

and Social Services. Division of Social Services.

**PASSALONG** 

In compliance by the method of maintaining all payment levels.

SCOPE OF COVERAGE

Optional State supplement provided for aged, blind, and disabled adults who are: 1) SSI recipients or would be except for income, and 2) certified by the Delaware State Department of Health and Social Services as living in an approved adult residential-care facility. Blind and disabled children under age 18 are not eligible for supplementation, but may receive benefits and services under

the child welfare program.

RECOVERIES, LIENS, AND ASSIGNMENTS None.

**RELATIVE** 

RESPONSIBILITY

None.

**INCOME** 

**DISREGARDS** 

No disregards in addition to the Federal income disregards.

RESOURCE LIMITATIONS Federal SSI resource limitations apply.

PLACE OF

Local office of the State agency for placement eligibility;

APPLICATION

Social Security Administration field offices for payment eligibility.

**FUNDING** 

Assistance: State funds. Administration: State funds.

INTERIM

State does not participate.

**ASSISTANCE** 

State determines eligibility for special adult residential care supplement in local offices of State agency; Social Security Administration administers payment for both optional and mandatory minimum supplementation.

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## PAYMENT LEVELS 1

		Combined Federal/State		State supplementation	
<u>Code</u>	Living arrangements	<u>Individual</u>	<u>Couple</u>	<u>Individual</u>	<u>Couple</u>
Α	Living in Adult Residential				
11	Care facility	\$652.00	\$1,217.00	\$140.00	\$448.00

## STATE ASSISTANCE FOR SPECIAL NEEDS

**ADMINISTRATION** State Department of Health and Social Services, Division of Social

Services.

**SPECIAL NEED** State provides cash assistance for specific emergencies on a

**CIRCUMSTANCES** one-time basis.

## **MEDICAID**

**ELIGIBILITY:** 

**CRITERION** SSI program guidelines (title XVI).

**DETERMINED BY** Social Security Administration.

**MEDICALLY NEEDY** 

**PROGRAM** 

No program for the aged, blind, or disabled medically needy.

**UNPAID MEDICAL** 

**EXPENSES** 

The Social Security Administration obtains this information.

<sup>&</sup>lt;sup>1</sup> Unless otherwise stated, payment levels apply equally to aged, blind, and disabled.